

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

CareFirst BlueCross BlueShield Associates' Federal PAC

ADDRESS (number and street) ▼

10455 Mill Run Circle

☐ Check if different than previously reported. (ACC)

Owings Mill

MD

21117

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00286922

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☒ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jeanne Kennedy

Signature of Treasurer

Jeanne Kennedy

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CareFirst BlueCross BlueShield Associates' Federal PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y 07 / 01 / 2014 To: M M / D D / Y Y Y Y Y 09 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		10012.88
(b) Cash on Hand at Beginning of Reporting Period.....	13505.07	
(c) Total Receipts (from Line 19)	7364.65	20856.84
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	20869.72	30869.72
7. Total Disbursements (from Line 31)	1999.45	11999.45
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	18870.27	18870.27
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

CareFirst BlueCross BlueShield Associates' Federal PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	4

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

3068.00

6556.00

(ii) Unitemized

4296.65

14300.84

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

7364.65

20856.84

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

7364.65

20856.84

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

7364.65

20856.84

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

7364.65

20856.84

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500.00	8000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	1499.45	3999.45
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1999.45	11999.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1999.45	11999.45

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	7364.65	20856.84
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7364.65	20856.84
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

A. Aliza Rothenberg

Mailing Address 3413 Deep Willow Avenue

City
Baltimore

State
MD

Zip Code
21208-3116

FEC ID number of contributing
federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

AVP, MARKET PLNG & ANALYSIS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

09 / 30 / 2014

Transaction ID : 12621191

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

B. Mr. Chester Burrell

Mailing Address 3023 O Street

City
Washington

State
DC

Zip Code
20007-3108

FEC ID number of contributing
federal political committee.

C

Name of Employer

CareFirst, Inc.

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

09 / 30 / 2014

Transaction ID : 17272273

Amount of Each Receipt this Period

700.00

Full Name (Last, First, Middle Initial)

C. Mr. Fred Plumb

Mailing Address 8207 Mount Vernon Highway

City
Alexandria

State
VA

Zip Code
22309-1915

FEC ID number of contributing
federal political committee.

C

Name of Employer

CareFirst BlueCross BlueShield

Occupation

SVP ASU - FEP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

09 / 30 / 2014

Transaction ID : 19341029

Amount of Each Receipt this Period

700.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1484.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

A. Mr. Kenny Kan

Mailing Address 12823 MacBeth Farm Lane

City

Clarksville

State

MD

Zip Code

21029-1556

FEC ID number of contributing
federal political committee.

C

Name of Employer

CareFirst BlueCross BlueShield

Occupation

CHIEF ACTUARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

09 / 30 / 2014

Transaction ID : 19474610

Amount of Each Receipt this Period

112.00

Full Name (Last, First, Middle Initial)

B. Ms. Dawn Audia

Mailing Address 12113 Blue Flag Way

City

Columbia

State

MD

Zip Code

21044-2753

FEC ID number of contributing
federal political committee.

C

Name of Employer

CareFirst BlueCross BlueShield

Occupation

Vice President, Underwriting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

09 / 30 / 2014

Transaction ID : 20857849

Amount of Each Receipt this Period

98.00

Full Name (Last, First, Middle Initial)

C. William Gould

Mailing Address 6725 Hinesty Drive

City

Bethesda

State

MD

Zip Code

20817-5516

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

EVP, MEDICAL AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.00

Date of Receipt

09 / 30 / 2014

Transaction ID : 21380258

Amount of Each Receipt this Period

64.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

274.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

A. Paul Rempert

Mailing Address 11420-901 Little Patuxent Pkwy

City State Zip Code
Columbia MD 21044-3771

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carefirst BlueCross BlueShield

Occupation

SPEC, SERVICE COORDINATION SR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

09 / 30 / 2014

Transaction ID : 21490802

Amount of Each Receipt this Period

188.00

Full Name (Last, First, Middle Initial)

B. Rita A Costello

Mailing Address 1911 Corbridge Lane

City State Zip Code
Monkton MD 21111-2027

FEC ID number of contributing
federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

SVP, STRATEGIC MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 30 / 2014

Transaction ID : PR1262117336070

Amount of Each Receipt this Period

140.00

P/R Deduction (\$12.00 Weekly)

Full Name (Last, First, Middle Initial)

C. Wanda K Oneferu-bey

Mailing Address 1319 Robin Road

City State Zip Code
Pikesville MD 21208-3620

FEC ID number of contributing
federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

AVP, INDIV SALES, TRNG, DVLPMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

952.00

Date of Receipt

09 / 30 / 2014

Transaction ID : PR1262121136070

Amount of Each Receipt this Period

520.00

P/R Deduction (\$16.00 Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

848.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

A. Sandra A Dilworth

Mailing Address 3 Tottenham Court

City
Baltimore

State
MD

Zip Code
21234-2013

FEC ID number of contributing
federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

DIRECTOR, NETWORK & DESKTOP SE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

09 / 30 / 2014

Transaction ID : PR1262162736070

Amount of Each Receipt this Period

112.00

P/R Deduction (\$4.00 Weekly)

Full Name (Last, First, Middle Initial)

B. Gregory M Chaney

Mailing Address 16 Fox Creek Court

City

Owings Mills

State

MD

Zip Code

21117-1032

FEC ID number of contributing
federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

EVP, CFO & TREASURER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 30 / 2014

Transaction ID : PR1262210236070

Amount of Each Receipt this Period

140.00

P/R Deduction (\$20.00 Weekly)

Full Name (Last, First, Middle Initial)

C. Michael B Edwards

Mailing Address 142361613 Turks Cap Lily Lane

City

Annapolis

State

MD

Zip Code

21401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Group Hosp & Med Svcs, Inc

Occupation

SVP, NETWORKS MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

09 / 30 / 2014

Transaction ID : PR1262403036070

Amount of Each Receipt this Period

98.00

P/R Deduction (\$10.00 Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

A. Gwendolyn D Skillern

Mailing Address 9925 Middle Mill Dr.

City

Owings Mills

State

MD

Zip Code

21117-6175

FEC ID number of contributing
federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

SVP, AUDIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : PR1262714636070

Amount of Each Receipt this Period

112.00

P/R Deduction (\$12.00 Weekly)

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

112.00

3068.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

A. Citizens for Eleanor Holmes Norton

Mailing Address 2201 Wisconsin Avenue NW Suite 320

City	State	Zip Code
Washington	DC	20007

Purpose of Disbursement

011

Category/
Type

Candidate Name

Eleanor Norton

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: DC District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2014

Transaction ID : 61037239

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Citizens for Eleanor Holmes Norton

Mailing Address 2201 Wisconsin Avenue NW Suite 320

City	State	Zip Code
Washington	DC	20007

Purpose of Disbursement

011

Category/
Type

Candidate Name

Eleanor Norton

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: DC District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2014

Transaction ID : 61037244

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Citizens for Eleanor Holmes Norton

Mailing Address 2201 Wisconsin Avenue NW Suite 320

City	State	Zip Code
Washington	DC	20007

Purpose of Disbursement
Void - Citizens for Eleanor Holmes Norton

011

Category/
Type

Candidate Name

Eleanor Norton

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: DC District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		19		2014

Transaction ID : 61247125

Amount of Each Disbursement this Period

-500.00

Void - Citizens for Eleanor Holmes Norton

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

500.00

500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

A. Muriel Bowser for Mayor

Mailing Address PO Box 60385

City	State	Zip Code
Washington	DC	20039

Purpose of Disbursement
Muriel Bowser, MAYOR DC

Candidate Name

Muriel BowserOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2014

Transaction ID : 61037240

Amount of Each Disbursement this Period

950.00

Muriel Bowser, MAYOR DC

Full Name (Last, First, Middle Initial)

B. Muriel Bowser for Mayor

Mailing Address PO Box 60385

City	State	Zip Code
Washington	DC	20039

Purpose of Disbursement
Muriel Bowser, MAYOR DC

Candidate Name

Muriel BowserOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2014

Transaction ID : 61037243

Amount of Each Disbursement this Period

950.00

Muriel Bowser, MAYOR DC

Full Name (Last, First, Middle Initial)

C. Muriel Bowser for Mayor

Mailing Address PO Box 60385

City	State	Zip Code
Washington	DC	20039

Purpose of Disbursement
Void - Muriel Bowser for Mayor

Candidate Name

Muriel BowserOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		14		2014

Transaction ID : 61235276

Amount of Each Disbursement this Period

-950.00

Void - Muriel Bowser for Mayor

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

950.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

A. ARAMARK Corporation

Mailing Address 840 First Street NE

City
WashingtonState
DCZip Code
20065

Purpose of Disbursement

011

Category/
Type

Candidate Name

Muriel Bowser

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2014

Transaction ID : 61235303

Amount of Each Disbursement this Period

549.45

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

549.45

1499.45